

DATE _____

Name _____

Address _____

City/State/Zip _____

FOR: Massage Therapy Establishment Registration

To renew your registration return this document postmarked on or before the due date with the appropriate fee made payable to the Texas Department of Health. **FEES MUST BE PAID IN CERTIFIED CHECK, MONEY ORDER AND PERSONAL CHECK.**

REGISTRATION NUMBER: A late fee of \$75.00, for a total of \$231.00, will be applied after the due date.
RENEWAL AMOUNT DUE: \$156.00 If over 90 days late, a late fee of \$150.00 for a total of \$306.00 will apply.
DATE DUE BY:

You have one year after your expiration date to renew. If you do not renew within this year, you may obtain a new registration by reapplying under the current rules.

Should any changes in ownership occur you will need to submit a new application. Contact the massage therapy program prior to any changes in address for information and forms.

The following information **must** be provided:

Attach a copy of the current fire marshall inspection report. If the document is not required, submit a letter from the county attorney or city official so stating. Refer to §141.50 (c)(8) of the massage therapy rules.

List Therapists Employed:

Name	Registration Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

If yes to either question, give date and attach a copy of the charges and disposition papers.

- (1) Has any owner/employee/therapist been convicted of a felony or misdemeanor in the last 12 months?
YES (____) NO(____)
- (2) Has any owner/employee/therapist entered a plea of nolo contendere, entered a plea of guilty, or received deferred adjudication for a felony in the last 12 months?
YES (____) NO(____)

Submit copies of charging documents (referred to as indictment or information) and judgement or other documents showing disposition of the case(s). If still on parole/probation, submit a letter from parole or probation officer indicating compliance with all parole or probationary conditions.

Discovery of criminal conviction information not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.

Signature: _____ Date: _____